

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

31098

DOCUMENT # L03000031098

1. Entity Name
ONDA ENTERPRISES, LLC

REINSTATEMENT 2004



Principal Place of Business
4949 NORTH A1A #211
FORT PIERCE, FL 34949

Mailing Address
4949 NORTH A1A #211
FORT PIERCE, FL 34949

2004 OCT 26 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0582831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DINIZ, RONALD
4949 NORTH A1A #211
FORT PIERCE, FL 34949

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DINIZ, RONALD
STREET ADDRESS 4949 NORTH A1A #211
CITY-ST-ZIP FORT PIERCE, FL 34949 ☐ Delete

TITLE
NAME 000042184800 ☐ Change ☐ Addition
STREET ADDRESS 10/26/04--01032--002 **100.00
CITY-ST-ZIP

TITLE MGR
NAME DINIZ, JILL
STREET ADDRESS 4949 NORTH A1A #211
CITY-ST-ZIP FORT PIERCE, FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME MENDEZ, RAYMUNDO M
STREET ADDRESS 8604 SALERNO RD.
CITY-ST-ZIP FORT PIERCE, FL 34951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP REINSTATEMENT 2004 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #